

# House of Lords Inquiry on Genomic Medicine Visit

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National Institutes of Health

Bethesda, MD

June 5, 2008

## Bioinformatics Infrastructure: Education, Public Databases, Standards

**Betsy L. Humphreys, MLS**

National Library of Medicine, National Institutes of Health

*U.S. Department of Health and Human Services*

*<http://www.nlm.nih.gov>*

# National Library of Medicine (NLM)

- Library Operations and Services 1836-
- Grant Programs 1965-
- Toxicology/Environmental Health Program 1966-
- Lister Hill National Center for Biomedical Communications 1968-
- National Center for Biotechnology Information (NCBI) 1988-
- National Information Center on Health Services Research & Health Care Technology 1993-

# NLM Resources

- **Current Budget:**
  - \$329 million
    - \$262 million – Intramural
      - Includes: PubMed/MEDLINE, PubMed Central, GenBank, PubChem, dbGaP, consumer health information services, environmental/toxicology databases, NLM collection, computer centers, intramural research, health IT standards development, etc.
    - \$67 million – Extramural
      - Includes support for: Informatics research, research training (\$15M), National Network of Libraries of Medicine(\$12M)
- **Staff: 1,330 employees & contractors**

# NLM Long Range Plan

## Goals for 2006-16

- **Seamless, Uninterrupted Access** to expanding collections of biomedical data, medical knowledge, and health information
- **Trusted Information Services** that promote health literacy, improve health outcomes, and reduce health disparities worldwide
- **Integrated Biomedical, Clinical, and Public Health Information Systems** that promote scientific discovery and speed transition of research into practice
- **A Strong and Diverse Workforce** for biomedical informatics research, systems development, and innovative service delivery

# [some of] NLM's UK Connections

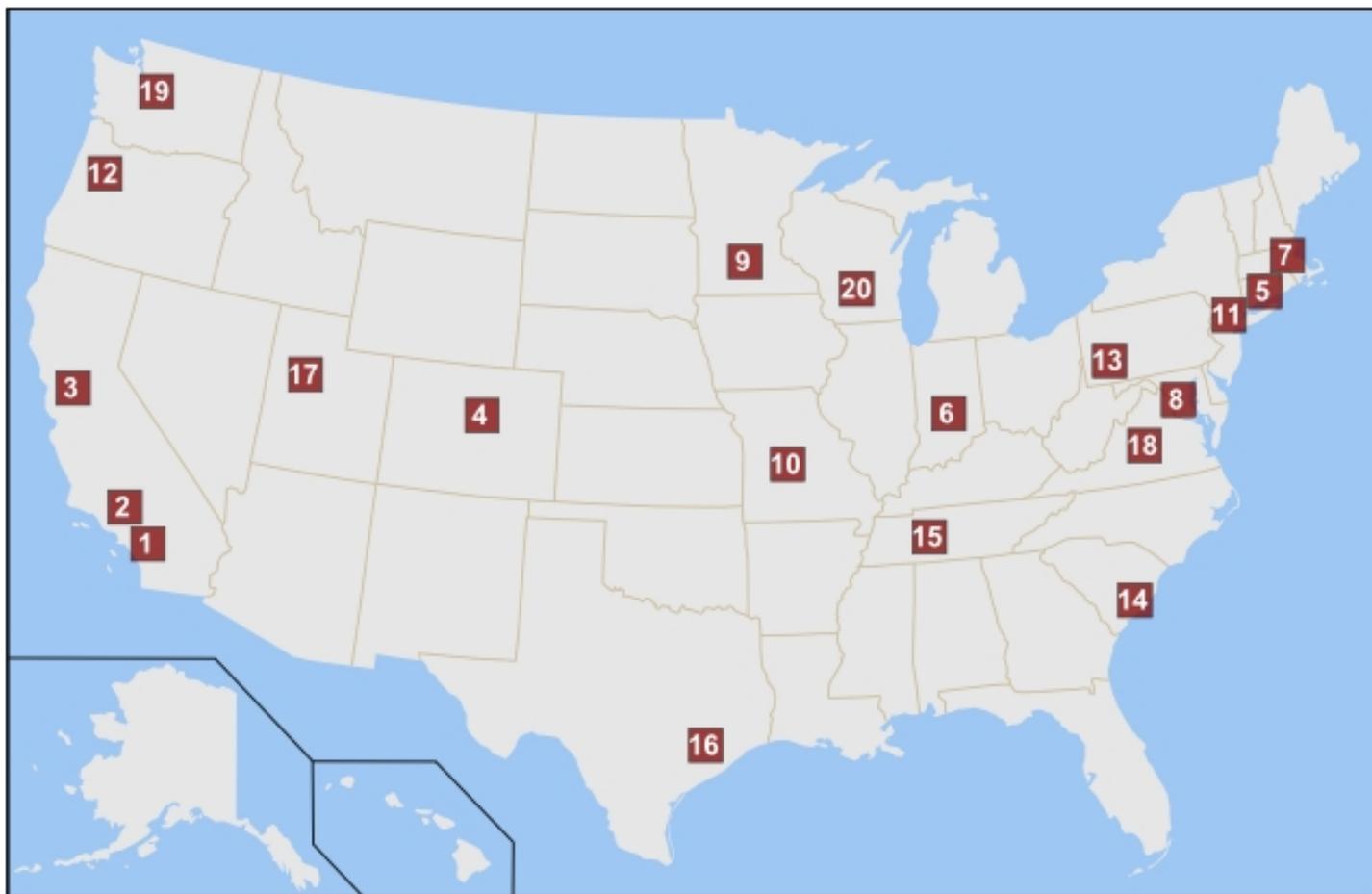
- **Research** – NCBI intramural scientists
  - Cambridge, University College, Royal Veterinary College, Universities of: Bangor, Liverpool, Portsmouth, York
- **Scientific data** – GenBank, PubChem ...
  - European Bioinformatics Institute, EMBL
  - Structural Genomics Consortium, Oxford
- **Clinical trials registration** – ClinicalTrials.gov
  - International Standard Randomised Controlled Trial Register
- **Standard terminologies** – UMLS, SNOMED CT
  - NHS Connecting for Health
- **Biomedical literature** – MEDLINE/PubMed/Pubmed Central
  - British Library (1965-)
  - Wellcome Trust, JISC, Other UK research funders – UKPMC
- **Health information** – MedlinePlus, Genetic Home Reference, Bookshelf...
  - NHS Direct
  - National Library of Health

# NLM Bioinformatics Activities

- Intramural Research
- Extramural Support
  - Research, Infrastructure
  - Education/training
- Direct Infrastructure Development/Access
  - Linked databases, Standards, Software Tools, Inter-organizational Networks

## NLM's University-based Biomedical Informatics Research Training Programs

*Listed in alphabetical order by state*



### Areas of Emphasis for NLM's University-based Biomedical Informatics Research Training Programs

Training Program	Health care informatics	Bioinformatics or computational biology	Clinical research translational informatics	Public health informatics	Short-term training
1. <a href="#">University of California Irvine</a> Irvine, CA Program contact: <a href="#">Pierre Baldi</a>		✓	✓		
2. <a href="#">University of California Los Angeles</a> Los Angeles, CA Program contact: <a href="#">Alex Bui</a>			✓		✓
3. <a href="#">Stanford University</a> Stanford, CA Program contact: <a href="#">Russ Altman</a>	✓	✓	✓		
4. <a href="#">University of Colorado Denver/HSC Aurora</a> Aurora, CO Program contact: <a href="#">Larry Hunter</a>		✓			✓
5. <a href="#">Yale University</a> New Haven, CT Program contact: <a href="#">Sandra Frawley</a>	✓	✓	✓	✓	✓
6. <a href="#">Regenstrief/Indiana University</a> Indianapolis, IN	✓		✓	✓	



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**JMLA**

Journal of the  
Medical Library Association

MLANET

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Bulletin of the  
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## Focus Issue

### **FOCUS ISSUE INTRODUCTION: Building the role of medical libraries in bioinformatics**

Renata C. Geer and Diane C. Rein

*J Med Libr Assoc.* 2006 July; 94(3): 284-285.

| [Full Text](#) | [PDF-43K](#) |

### **Broad issues to consider for library involvement in bioinformatics**

Renata C. Geer

*J Med Libr Assoc.* 2006 July; 94(3): 286-298, E152-E155.

| [Abstract](#) | [Full Text](#) | [PDF-445K](#) |

### **A Web-based assessment of bioinformatics end-user support services at US universities**

Donna J. Messersmith, Dennis A. Benson, and Renata C. Geer

*J Med Libr Assoc.* 2006 July; 94(3): 299-305, E156-E187.

| [Abstract](#) | [Full Text](#) | [PDF-866K](#) |

### **Vignettes: diverse library staff offering diverse bioinformatics services**

David L. Osterbur, Kristine Alpi, Catharine Canevari, Pamela M. Corley, Medha Devare, Nicola Gaedeke, Donna K. Jacobs, Peter Kirlew, Janet A. Ohles, K.T.L. Vaughan, Lili Wang, Yongchun Wu, and Renata C. Geer

*J Med Libr Assoc.* 2006 July; 94(3): 306, E188-E191.

| [Abstract](#) | [Full Text](#) | [PDF-76K](#) |

### **Design and implementation of a library-based information service in molecular biology and genetics at the University of Pittsburgh**

Ansuman Chattopadhyay, Nancy Hrinia Tannery, Deborah A. L. Silverman, Phillip Bergen, and Barbara A. Enstein

**NLM Individual Fellowship for Informationist Training (F37) (PAR 06-509)**  
<http://grants.nih.gov/grants/guide/pa-files/PAR-06-509.html>

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**Correction**

- [Correction to Stipend and Allowances, PAR-06-509, NLM Individual Fellowship for Informationist Training \(F37\) \(11/30/07\)](#)

**Purpose**

The National Library of Medicine (NLM) believes that clinical care, biomedical research and education, and public health administration can be improved by the inclusion of in-context information specialists (informationists) into work and decision settings. Informationists are information specialists who have received graduate training and practical experience that provides them with disciplinary background both in medical or biological sciences and in information sciences/informatics. This program expires December 9, 2009 unless reissued.

**NLM Contact**

Dr. Valerie Florance, [florancev@mail.nih.gov](mailto:florancev@mail.nih.gov)

**Deadlines**

Deadlines for New or Revised Applications: April 8, August 8, December 8 each year  
Full listing of deadlines for competing applications: <http://www.nlm.nih.gov/ep/Deadlines.html>

See <http://era.nih.gov/ElectronicReceipt/> for details and timetable for electronic submission of F37 grants applications.

# Public Databases and Standards

- A huge international success story
  - Significant impact of joint action by research funders, journal editors
- Amount of data, use/utility, maintenance costs rising together
  - But economies of scale
    - International Nucleotide Sequence Database Collaboration – an excellent model
- Direct deposit/use fees highly counterproductive
  - For both Databases *and* Standards
- Integration of basic, clinical research, healthcare, consumer data adds value
  - Full employment for many R & D groups

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<b>none</b>  <b>Site Search:</b> NCBI web and FTP sites	<b>none</b>  <b>OMIA:</b> online Mendelian Inheritance in Animals

<b>588</b>  <b>Nucleotide:</b> Core subset of nucleotide sequence records	<b>25</b>  <b>dbGaP:</b> genotype and phenotype
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<b>1</b>  <b>GSS:</b> Genome Survey Sequence records	<b>none</b>  <b>CDD:</b> conserved protein domain database
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<b>none</b>  <b>Genome:</b> whole genome sequences	<b>8</b>  <b>UniSTS:</b> markers and mapping data
<b>9</b>  <b>Structure:</b> three-dimensional macromolecular structures	<b>1</b>  <b>PopSet:</b> population study data sets
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[XYZ](#) [List of All Topics](#)**Parkinson's Disease**[Printer-friendly version](#) [E-mail to a friend](#)

Also called: Paralysis agitans, Shaking palsy

Parkinson's disease is a disorder that affects nerve cells, or neurons, in a part of the brain that controls muscle movement. In Parkinson's, neurons that make a chemical called dopamine die or do not work properly. Dopamine normally sends signals that help coordinate your movements. No one knows what damages these cells. Symptoms of Parkinson's disease may include



\*ADAM.

- Trembling of hands, arms, legs, jaw and face
- Stiffness of the arms, legs and trunk
- Slowness of movement
- Poor balance and coordination

As symptoms get worse, people with the disease may have trouble walking, talking or doing simple tasks. They may also have problems such as depression, sleep problems or trouble chewing, swallowing or speaking.

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### National Institutes of Health

The primary NIH organization for research on *Parkinson's Disease* is the [National Institute of Neurological Disorders and Stroke](#)

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- 2 Active, not recruiting** [Efficacy and Safety of Carbidopa/Levodopa/Entacapone in Patients With Parkinson's Disease Requiring Initiation of Levodopa Therapy](#)  
Condition: Parkinson's Disease  
Intervention: Drug: carbidopa, levodopa, entacapone
- 3 Active, not recruiting** [Open Label Follow up Trial of Rotigotine in Parkinson's Disease](#)  
Condition: Parkinson's Disease  
Intervention: Drug: Rotigotine
- 4 Recruiting** [Pivotal Study in Advanced Parkinson's Disease \(PD\) Patients](#)  
Condition: Parkinson Disease  
Intervention: Drug: Pramipexole
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## Parkinson disease

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*Reviewed July 2007*

### What is Parkinson disease?

Parkinson disease is a progressive disorder of the nervous system. The disorder affects several regions of the brain, including an area called the substantia nigra that controls balance and movement. Parkinson disease may also affect regions of the brain that regulate involuntary functions such as blood pressure and heart activity.

Often the first symptom of Parkinson disease is trembling or shaking (tremor) of a limb, especially when the body is at rest. Typically, the tremor begins on one side of the body, usually in one hand. Tremors can also affect the arms, legs, feet, and face. Other characteristic symptoms include rigidity or stiffness of the limbs and trunk, slow movement (bradykinesia) or the inability to move (akinesia), and impaired balance and coordination (postural instability).

Many Parkinson disease symptoms occur when nerve cells (neurons) in the substantia nigra die or become impaired. Normally, these cells produce a chemical messenger called dopamine, which transmits signals within the brain to produce smooth physical movements. When these dopamine-producing neurons die or become impaired, communication between the brain and muscles weakens, and eventually, the brain is unable to control muscle movement. In most cases of Parkinson disease, protein deposits called Lewy bodies appear in dead or dying dopamine-producing neurons. (Cases without Lewy bodies are sometimes referred to as parkinsonism instead of Parkinson disease.) It is unclear whether Lewy bodies play a role in killing nerve cells, or if they are part of a protective process.

Generally, Parkinson disease that begins after age 50 years is called late onset disease. It is known as early onset disease if signs and symptoms begin before age 50. Cases that begin before age 20 are sometimes referred to as juvenile onset Parkinson disease.

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# LRRK2-Related Parkinson Disease

[*PARK 8, LRRK2-Associated Parkinson Disease*]

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**Owen A Ross, PhD**  
Department of Neuroscience  
Mayo Clinic  
Jacksonville, FL

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Laboratories offering clinical testing:	Analysis of the entire coding region: Sequence analysis	Sequence analysis of select exons	Targeted mutation analysis	Prenatal diagnosis	Clinical confirmation of mutations identified in a research lab
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Massachusetts General Hospital / Harvard Medical School <a href="#">Neurogenetics DNA Diagnostic Laboratory</a> Boston, MA Katherine B Sims, MD; Winnie Xin, PhD; Marsha F Browning, MD, MPH, MMSc, FACMG			●	●	●
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Working with GEN2PHEN and EBI on an *international* spec for reference genomic DNA sequences:  
“Locus Region Genome (LRG)”

### The NCBI RefSeqGene Project

RefSeqGene, a subset of NCBI's Reference Sequence ([RefSeq](#)) project, defines genomic sequences of well-characterized genes to be used as reference standards. These sequences, labeled with the keyword RefSeqGene, can serve as a stable foundation for reporting mutations, for establishing conventions for numbering exons and introns, and for defining the coordinates of other biologically significant variation. RefSeq mRNA and protein sequences already support these functions, but have the obvious weakness of not providing explicit coordinates for flanking or intronic sequence. RefSeq chromosome sequences also support these functions, but have awkwardly large coordinate values that will change when the sequence is updated with a new genome build. Sequences of the RefSeqGene project will counter both of these drawbacks

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Study	Embargo Release	Details	Participants	Type of Study	Project
 <a href="#">CIDR: Genome Wide Association Study in Familial Parkinson Disease (PD)</a>	Feb 13, 2009	VDA	1991	Case_control	
 <a href="#">Framingham SHARE</a>	Version 1: Oct 19, 2008. Version 2: Feb 01, 2009.	VDA	14261	Community-based, longitudinal, family-based cohort	
 <a href="#">GAIN: Collaborative Association Study of Psoriasis</a>	Aug 13, 2008	VDA	2875	Case-control	GAIN
 <a href="#">GAIN: Genotyping the 270 HapMap samples for GAIN by Broad</a>		VDA	-	Parent-offspring trios	GAIN
 <a href="#">GAIN: Genotyping the 270 HapMap samples for GAIN by Perlegen</a>		VDA	-	Parent-offspring trios	GAIN
 <a href="#">GAIN: International Multi-Center ADHD Genetics Project</a>	Mar 26, 2008	VDA	2835	Parent-offspring trios	GAIN
 <a href="#">GAIN: Linking Genome-Wide Association Study of Schizophrenia</a>	Version 1: Nov 07, 2008. Version 2: Dec 11, 2008.	VDA	5066	Case-control	GAIN
 <a href="#">GAIN: Major Depression: Stage 1 Genomewide Association in</a>	Jul 15, 2008	VDA	3741	Case-control	GAIN

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**CIDR: Genome Wide Association Study in Familial Parkinson Disease (PD)**

Study Accession: phs000126.v1.p1

Study Variables Documents Analyses

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**Name:** IUPUI and Clarian Informed Consent Statement for Parkinson's Research: The Organized Genetics Initiative (PROGENI)  
**Accession:** phd000920.1

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**Associated Documents**

-  CIDR: Genome Wide Association Study in Familial Parkinson Disease (PD)
  -  Parkinson Disease
  -  Protocols and Instruction
- [IUPUI and Clarian Informed Consent Statement for Parkinson's Research: The Organized Genetics Initiative \(PROGENI\)](#)
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1: [Neurosci Lett.](#) 2006 Nov 20;408(3):209-13. Epub 2006 Sep 25.

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### Mutations in DJ-1 are rare in familial Parkinson disease.

[Pankratz N](#), [Pauciulo MW](#), [Elsaesser VE](#), [Marek DK](#), [Halter CA](#), [Wojcieszek J](#), [Rudolph A](#), [Shults CW](#), [Foroud T](#), [Nichols WC](#); [Parkinson Study Group - PROGENI Investigators](#).

Indiana University Medical Center, Indianapolis, IN, USA.

Mutations in DJ-1 (PARK7) are one cause of early-onset autosomal-recessive parkinsonism. We screened for DJ-1 mutations in 93 affected individuals from the 64 multiplex Parkinson disease (PD) families in our sample that had the highest family-specific multipoint LOD scores at the DJ-1 locus. In addition to sequencing all coding exons for alterations, we used multiplex ligation-dependent probe amplification (MLPA) to examine the genomic copy number of DJ-1 exons. A known polymorphism (R98Q) was found in five PD subjects, once as a homozygote and in the other four cases as heterozygotes. No additional missense mutations and no exon deletions or duplications were detected. Our results, in combination with those of previous studies, suggest that alterations in DJ-1 are not a common cause of familial PD.

### Related Articles

- ▶ [DJ-1 mutations and parkinsonism-dementia-amyotrophic lateral sclerosis cor](#) [Ann Neurol. 2005]
- ▶ [Lack of mutations in DJ-1 in a cohort of Taiwanese ethnic Chinese with early-onset †](#) [Mov Disord. 2004]
- ▶ [A missense mutation \(L166P\) in DJ-1, linked to familial Parkinson's disease, c†](#) [J Neurochem. 2003]
- ▶ [Screening for DJ-1 mutations in early onset autosomal recessive parkinsonism](#) [Neurology. 2003]
- ▶ [Multiplex ligation-dependent probe amplification assay for simultaneous detector](#) [Mov Disord. 2007]

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Neurosci Lett. Author manuscript; available in PMC 2006 December 19. PMID: PMC1706076  
Published in final edited form as: NIHMSID: NIHMS13438  
[Neurosci Lett. 2006 November 20; 408\(3\): 209-213.](#)  
Published online 2006 September 25. doi: 10.1016/j.neulet.2006.09.003.  
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## Mutations in *DJ-1* are rare in familial Parkinson disease

Nathan Pankratz, Ph.D.,<sup>1</sup> Michael W. Pauciulo, M.B.A.,<sup>2</sup> Veronika E. Elsaesser, B.S.,<sup>2</sup> Diane K. Marek, B.S.,<sup>2</sup> Cheryl A. Halter, M.S.,<sup>1</sup> Joanne Wojcieszek, M.D.,<sup>1</sup> Alice Rudolph, Ph.D.,<sup>3</sup> Clifford W. Shults, M.D.,<sup>4</sup> Tatiana Foroud, Ph.D.,<sup>1</sup> William C. Nichols Ph.D.,<sup>2,5</sup> and the Parkinson Study Group – PROGENI Investigators

<sup>1</sup> Indiana University Medical Center, Indianapolis, IN;  
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